

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	1						51				
2		1					52				
3		1					53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8		1					58				
9	1						59				
10		1					60				
11		1					61				
12		1					62				
13		1					63				
14		1					64				
15		1					65				
16	1						66				
17		1					67				
18		1					68				
19		1					69				
20		1					70				
21		1					71				
22		1					72				
23	1						73				
24		1					74				
25		1					75				
26		1					76				
27		1					77				
28		1					78				
29		4					79				
30		4					80				
31		4					81				
32		4					82				
33		6					83				
34		6					84				
35		6					85				
36		6					86				
37		6					87				
38		4					88				
39		4					89				
40		4					90				
41		2					91				
42		2					92				
43	1						93				
44		1					94				
45		1					95				
46		1					96				
47		1					97				
48		1					98				
49							99				
50							100				
TOTAL IND.	5						TOTAL IND.				
TOTAL DEP.	91						TOTAL DEP.				
TOTAL CLAIMS	96						TOTAL CLAIMS				